

 <p style="text-align: center;"><b>County of Sacramento</b>  <b>Department of Health and Human Services</b>  <b>Division of Behavioral Health Services</b>  <b>Policy and Procedure</b></p>	Policy Issuer (Unit/Program)	<b>QM</b>
	Policy Number	<b>QM-00-01</b>
	Effective Date	<b>08-24-2016</b>
	Revision Date	<b>01-01-2018</b>
Title: <b>Uniform Method of Determining Ability to Pay (UMDAP)</b>	Functional Area: <b>Administration - Billing &amp; Waivers</b>	
Approved By: (Signature on File) <b>Signed version available upon request</b>		
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**BACKGROUND/CONTEXT:**

The State of California mandates that clients and their families must pay, according to their ability, towards the cost of care that is received from any Community Mental Health Service under the County Short-Doyle Act. The client/families ability to pay is assessed according to the plan known as the “Uniform Method of Determining Ability to Pay (UMDAP)” established by the State Department of Health Care Services (DHCS). The Welfare and Institution Code Section 5718 and subsequent applicable sections vests the Director of DHCS the responsibility of determining the liability and to delegate the responsibility for determining this liability to the local mental health director.

**DEFINITIONS:**

**Co-Payment** – A fixed payment defined by the insurance provider and paid by the insured person each time a medical/mental health service is provided.

**Full Scope Medi-Cal** – California’s Medicaid program. It provides physical and mental health care services to low-income individuals.

**Share of Cost (SOC)** – A federally required monthly dollar amount which a client is required to pay, or obligate to pay, for health care costs before they becomes eligible with Medi-Cal. SOC must be cleared before Medi-Cal will pay for claims exceeding that amount for the given month. The SOC determination is based on criteria supplied by the client to their Eligibility Worker at the Department of Human Assistance.

**UMDAP** – The State required annual amount that is based on household size, income, assets, and allowed expenses.

**PURPOSE:**

The purpose of this policy is to establish the process providers will establish to identify the client/family groups who will be required to be assessed for an UMDAP. It is the policy of the Sacramento County Mental Health Plan (MHP) to determine the financial capacity that is available to a client/family to pay for mental health services utilizing the DHCS sliding scale structure. The MHP recognizes that there may be extraordinary expenses that may influence a client /family ability to pay the calculated annual liability. These expenses may be, exclusive of any liability of third party payors, taken into consideration and the annual liability adjusted. Waivers or reduction of liability must be approved by the MHP. This capacity is measured in terms of a twelve month period known as “annual liability” and may not exceed the actual cost of services provided.

## DETAILS:

### Procedure:

- A. An UMDAP will **not** be required for client/family with:
  1. Full Scope MediCal
  2. Medi-Cal for Families
  3. Minor Consent - Youth ages 12-17 who are consenting for their own treatment under consent law set forth under Family Code § 6924 and/or Health and Safety Code § 124260
- B. An UMDAP will be completed for client/family under the following circumstances:  
**(Forms located on website: <http://www.dhhs.saccounty.net/BHS/Pages/BHS-Home.aspx>)**
  1. Indigent/Self pay
  2. Medicare(ONLY)
  3. Private Insurance
  4. Other third party payors
- C. If a Medi-Cal client with a Share of Cost (SOC) is unable to pay the set amount, then the UMDAP sliding scale may be used.
  1. Documentation of inability to pay and request for payment adjustment is required in the progress notes of the client's electronic health record.
  2. Use of UMDAP in lieu of SOC must also be documented in the "Coverage Comments" section of the Financial Eligibility Form in Avatar.
- D. Frequency of Determinations:
  1. Upon first admission to a service facility, including the Mental Health Treatment Center Crisis Unit or other point of entry to the MHP.
  2. Prior to the start of a new liability period..
    - a. If the initial UMDAP was completed January 15, 2009, the UMDAP effective date is January 1, 2009 and expires December 31, 2009.
    - b. If there are multiple service providers delivering services, the first service provider seeing the client prior to a new liability period will complete an UMDAP.
    - c. If the first contact misses completion of the UMDAP, the next service provider who sees the client will complete the UMDAP.
    - d. Every service provider will check for expiration status and complete an UMDAP at first possible opportunity to do so.
  3. When a change occurs in the client/family's income, size or eligibility during the annual liability period.
  4. When monthly claims are denied for services based on "no MediCal benefit", and verified as a result of loss of MediCal.
- E. Waiver/Reduction Fee Request: The liability adjustment request is only applicable to the UMDAP liability and does not include Share of Cost or other insurance obligations. (eg. deductibles or insurance co-payments)
  1. If a client/family report that they can not meet the UMDAP liability, the service site may complete the Request for Fee Waiver/ Reduction form.
  2. The client/family must complete Section II explaining the circumstance that justifies the fee waiver request.
  3. The service site completes Section I & III, documenting all applicable information.
  4. A designated person, with supervisory or administrative authority, at the provider site will review documentation and approve or deny the liability adjustment request by completing Section IV.
  5. The service site staff will document the adjustment into the AVATAR system.
  6. The completed waiver request form will be forwarded to Sacramento County BHS Quality Management.
  7. This waiver is re-evaluated and reconsidered at the annual UMDAP cycle.
  8. It is at the discretion of the Mental Health Director or designee to review any appeals to reduce/waive the UMDAP liability. The Mental Health Director or designee's decision is final.

**REFERENCE(S)/ATTACHMENTS:**

- W&I Code Section 5718
- MHP Contract with DHCS

**RELATED POLICIES:**

- UMDAP Forms: Financial Information Form, Request for Fee Waiver/Reduction
- Conlan vs Bonta No. 03-10

**DISTRIBUTION:**

Enter X	DL Name	Enter X	DL Name
X	Mental Health Staff	X	Children's Contract Providers
X	Mental Health Treatment Center	X	Alcohol and Drug Services
X	Adult Contract Providers		

**CONTACT INFORMATION:**

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